p.2

7 - a 42

	12 B (1 B) (2018 (200 : 10 B)) E	Con	Maria a Maria a lala a Cita	((
	0353047	Regist DISP	mmonwealth of M try of Vital Record OSITION, I TRANSPOR	s and Statistics REMOVAL	State File #	2019 003883				
1		J. OK	PERMI							
	m R-309 07012014									
In	formation necessary for the Certif	icate of Death ha	as been complete	ed for:						
1	Decedent Name MCDERMOTT	, KATHLEEN	L							
1	Place of Death 49 BOSTON ROAD, SOUTHBOROUGH, MA									
F	Date of Death JANUARY 23, 2	019	Da	te of Birth OC	TOBER 20, 1950	Sex FEMALE				
EN	Residence 49 BOS TON RO	OAD, SOUTHBO	ROUGH, MASS	ACHUSETTS	01772					
CED	If U.S. veteran, specify war/conflict(s)									
0.0	NO Branch of military (most recent) Rank/organization/audit(most recent)									
ľ	— (mairecent)		-	(ank/organization —	outfit(most recent)					
	Date entered (most recent)	De	ate Discharged (m	ost recent)	Service Number(m	ost recent)				
-	Codifica NICHOLAS M MASCO					·				
Certifier NICHOLAS M MASCOLI III, MD Addr. 2000 WASHINGTON STREET, NEWTON, MASSACHUSETTS 02462					Lic# 77443	A reserve and a second of				
RTIFI	Immediate Cause of Death	GEI, NEWION	, MASSACHUS	SEITS 02462						
CER	ACUTE ABDOMINAL PAIN									
_										
Ti	is permit authorizes the following	g Funeral Servic	e Licensee or De	signee to remov	e, dispose or transp	ort remains as listed below:				
7.	Funeral Licensee Designee NANC					Lic # 50277				
OSITIO	Facility. MORRIS FUNERAL He	OME, SOUTHB	OROUGH, MAS	SACHUSETT	S					
18	Disposition Type CREMATION				Date of Disposition J	IANUARY 28, 2019				
DISPO	Place/Address	770 DID 100 00								
Ā	RURAL CEMETERY (CREMA	TORY), 180 GR	OVE STREET,	WORCESTER	, MASSACHUSET	TS 01605				
En	dorsements									
	Registry of Vital Records and Statis	tics	Roard of Westel	A mont for SOY	TUDOBOUGH					
Ħ	State Tracking # 003883	-165	Local Permit#	Agent for: SOU E-PERMIT	INBURUUGH					
ERMIT	Date JANUARY 25,	2010		E-L EWAII I						
-	JANUARI 23,	2019	Date							
<u> </u>			Name of Agent							
Z	I hereby certify that the remains we		ccordance with its	terms at the place	and date below:					
ATION	Place of Disposition (Facility Name at			Signature	21 71	0 1:41				
RMA	180	Nt.		John 74	Cobile					
					/ -					
CON	Disposition Type	Date of Disposition		Name of Superi	intendent or Authorized	l Designee:				
۱	Cremation	JAN 2	9 2019	1	hn H Cobill					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death of this form.

After confirmation of disposition, the disposition facility shall return the completed scribit to the board of health agent as listed above and retain a copy for their records.

LOWN CLERK'S OFFICE RECEIVED

John H Cobill





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2019 003883

Form R-309 07012014

Inf	nformation necessary for the Certificate of Death has been completed for:							
	Decedent Name	MCDERMOTT	, KATHLEEN	1 L			-	
	Place of Death	49 BOSTON R	OAD, SOUTHBO	OROUGH, MA				
T	Date of Death	JANUARY 23,	2019	Da	te of Birth	OCTOBER 20, 1950	Sex	FEMALE
ENT	Residence	49 BOSTON R	OAD, SOUTHBO	OROUGH, MASS	ACHUSE	TTS 01772		
DECED	If U.S. veteran, spe	ecify war/conflict(s) (most recent)					
DE	Branch of military	(most recent)		F	Rank/organi	zation/outfit(most recent)		
			n	- 		Comica Nove baylara	rd was a well	
	Date entered(most	recent)		ate Discharged (mo 	si receni)	Service Number(mos	si receni)	
æ	Certifier NICHO	LAS M MASC	OLI III, MD			Lic # 77443		
RTIFIE			REET, NEWTO	N, MASSACHUS	ETTS 024	162		
RT	Immediate Cause of ACUTE ABDO	of Death MINAL PAIN						
CE	ACCIE ADDO							
Th	is permit author	izes the followi	ng Funeral Servi	ce Licensee or De	signee to r	emove, dispose or transpo		as listed below:
z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277							
01.	Facility. MORR	IS FUNERAL 1	HOME, SOUTHI	BOROUGH, MAS	SACHUS	ETTS		
118	Disposition Type	CREMATION				Date of Disposition ${f J}$	ANUARY 28	, 2019
DISPOSITION	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
<u> </u>	KURAL CEME	TEXT (CREAT	A10K1), 100 G1	NO VE STREET,	Worker		_	
En	dorsements							
_	Registry of Vital	Records and Stat	tistics	Board of Healtl	n/Agent for:	SOUTHBOROUGH		
MIT	State Tracking #	003883		Local Permit#	19-1			
PER	Date	JANUARY 2	5, 2019	Date	JANUARY 28, 2019			
-				Name of Agent	JAMES	F. HEGARTY		
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
ATION	Place of Disposition	on (Facility Name	and Address)		Signatur	е .		
IΣ								
FIR					X			
CON	Disposition Type		Date of Dispositio	n	Name of	Superintendent or Authorized	Designee:	
Ľ								

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2019 007563 RECEIVED

OCME CASE #2019-1939 THK'S OFFICE

2019 FEB 15 : A 9: 40 .

Info	ormation necess	sary for the Certi	ificate of Death ha	d for:			T F 40		
		·		-		SOUTHBOROUGH, MA			
	Decedent Name	DION, AMY	MICHELLE			2011	UBVRGI	ип. МА	
	Place of Death	367 TURNPIKE	E ROAD, SOUTH	HBOROUGH, MA	A				
1	Date of Death	FEBRUARY 10	0, 2019	Da	te of Birth	DECEMBER 19, 1960	Sex	FEMALE	
DEN	Residence	12 STROBUS I	ETTS 017	21		٤			
ECEDENT	If U.S. veteran, s	pecify war/conflict(s) (most recent)						
DE	Branch of military (most recent)			R	Rank/organization/outfit(most recent)				
	Date entered(mo	st recent)	D.	ate Discharged (mo -	ost recent)	Service Number(most	recent)		
æ	Certifier RICH	ARD J. EVANS,	MD			Lic # 58622			
FIE	Addr. 55 LAKE	AVENUE N, W	ORCESTER, MA	ASSACHUSETT	S 01655				
Addr. 55 LAKE AVENUE N, WORCES TER, MASSACHUS ETTS 01655 Immediate Cause of Death PENDING									
Th	is permit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to re	move, dispose or transpo	rt remains	as listed below:	
z	Funeral Licensee/ Designee JOHN A. MATARES E, JR								
	Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS								
SITIO	Disposition Type	osition Type CREMATION Date of Disposition FEBRUARY 18, 2019							
DISPO	Place/Address WOODLAWN NORTH PURCHASE CEMETERIES ASSOCIATION, 825 N MAIN STREET, ATTLEBORO, MASSACHUSETTS 02703								
En	dorsements								
	Registry of Vita	l Records and Stat	tistics	Board of Health	Board of Health/Agent for: SOUTHBOROUGH				
PERMIT	State Tracking #	007563		Local Permit#	19-2				
ER	Date	FEBRUARY	15, 2019	Date	FEBRUA	RY 15, 2019			
-				Name of Agent	JAMES F	F. HEGARTY			
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:								
FIRMATION	Place of Disposi	tion (Facility Name	and Address)		Signature				
¥.									
I R					X				
CON	Disposition Type Date of Disposition				Name of S	Superintendent or Authorized	Designee:		

Acceptance of Permit

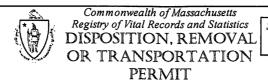
Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



0000331133

Form R-309 07012014



State File #

2018 047422

FIVED I'S OFFICE

2019 FFR 25 P 1: 15

Decedent Name	SHAY	SR,	JOSEPH	F
---------------	------	-----	--------	---

Place of Death 5 WYNDEMERE DRIVE, SOUTHBOROUGH, MA

SOUTHOORCUGH, MA

Date of Death

OCTOBER 20, 2018

Date of Birth MARCH 02, 1931

Sex MALE

Z Residence

5 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772

If U.S. veteran, specify war/conflict(s) (most recent)

KOREA

Branch of military (most recent)

Rank/organization/outfit(most recent) SERGEANT, 9710 TSUDET 1

ARMY

Date Discharged (most recent)

Service Number(most recent)

Date entered (most recent)
SEPTEMBER 04, 1952

SEPTEMBER 04, 1954

51 183 696

Certifier KAREN-GAIL BRANDSE, MD

•

Lic # 153724

Addr. 67 UNION STREET, SUITE 104, NATICK, MASSACHUSETTS 01760

Immediate Cause of Death
CARDIAC ARREST

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee HENRY C BOYLE, III

Lic # **6156**

Facility. BOYLE BROTHERS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS

Disposition Type BURIAL

Date of Disposition OCTOBER 27, 2018

Place/Address

ST. STEPHEN CEMETERY, FENWICK STREET, FRAMINGHAM, MASSACHUSETTS 01701

Endorsements

_	Registry of Vital Records and Statistics		Board of Healtl	h/Agent for: SOUTHBOROUGH
M	State Tracking #	047422	Local Permit#	E-PERMIT
PER	Date	OCTOBER 22, 2018	Date	
			Name of Agent	

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

Signaja

St. Stephen

FRAMINGHAM Dimensition Type

Date of Disposition

Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

MAR 15 2019

RECEIVED
TOWN CLERK'S OFFICE

			Cauthhorn	eah Roard of Landia				
Fon	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OSITION, F I'RANSPOR PERMI	REMOVAL RTATION T	igh Board of Freakin- State File #	2019 (VI)924PR - 1 P 3: SOUTHBOROUGH, M			
	<u> </u>	15 Decil Complete						
	Decedent Name ROBILLARD , KAREN A							
	Place of Death 6 LOVERS LANE, SOUTHBOR	•						
z	Date of Death MARCH 01, 2019		te of Birth JUI	•	Sex FEMALE			
Z O E	Residence 6 LOVERS LANE, SOUTHBOR	OUGH, MASSA	CHUSETTS 0	1772				
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO				İ			
	Branch of military (most recent)	, , , , , , , , , , , , , , , , , , ,	Rank/organization	/outfit(most recent)				
1	Date entered (most recent)	ate Discharged (mo	ost recent)	Service Number(most	recent)			
<u>«</u>	Certifier DEEPA RANGACHARI, MD			Lic # 260246				
EFE	Addr. 330 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 0221S							
CERTIFIER	Immediate Cause of Death LUNG CANCER			***				
<u> </u>	LONG CANCER				İ			
Tł	is permit authorizes the following Funeral Servic	e Licensee or De	signee to remov	e, dispose or transpor	f remains as listed below:			
Z	Funeral Licensee Designee NANCYG MORRIS Lic # 50277							
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
180	Disposition Type CREMATION Date of Disposition MARCH 04, 2019							
DISPOSITIO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
Ω	(014)	o - z s i kazi,	WORCES TER	, MASSACHUSEII.	5 01005			
En	dorsements							
ے	Registry of Vital Records and Statistics	Board of Health	Agent for: SOU	THBOROUGH				
PER MIT	State Tracking # 010325	Local Permit#	E-PERMIT					
PER	Date MARCH 04, 2019	Date	_					
		Name of Agent						
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:								
TIO	Place of Disposition (Facility Name and Address)		Signature	0171	. Cohill			
MA	Rural Cemetery 180 Grove Street Worcester, MA 01600			John M	·			
CONFIRMATION	Worcester, MA 01005		X	0				
ON	Disposition Type Cremation Date of Disposition MAR	0 5 2019	Name of Superi	nwidens or Authorized D	esignas:			
٦	Cremation	0 0 2010	1	John H C	יינטטוי			

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



State of Florida, Department of Health, Bureau of REASTANDICS BURIAL TRANSIT PERMIT OWN CLERK'S OFFICE

DATE PRINTED: March 13, 2019

1.

DECEDENT INFORMATION

Name of Deceased

Southborough, Ma.,

RICHARD PETER LAVOIE

March 4, 2019 ~

Place of Death - County

City; Town or Location

PALM BEACH

ATLANTIS

JFK MEDICAL CENTER

Name of facility, or street address if not a facility

Name and Address of Funeral Home/Direct Disposal Establishment LORNE AND SONS FUNERAL HOME F040751

Fla. Lic. No./Reg. No.

Phone Number

745 NE 6TH AVE

DELRAY BEACH, FLORIDA, 33483

F040751.

(561) 276-4161

Funeral Director/Direct Disposer

Fla. Lic. No./Reg. No. F043096

PATRICK LORNE

Medical Verification Statement

Roberta at the certifying physician's office, was contacted on 03/11/2019 by the funeral director listed above; he/she indicated that SONNY VAN NGUYEN, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number:

2019-F040751-5048

Date Issued:

March 11, 2019

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

Approval Number:

4.

CEMETERY OR CREMATORY

Place of Disposition:

KURAL CENETERY, SOUMBURGH Method of Disposition: Sucrac as

CARMATED REMAINS Date of Disposition:

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

S	TATE OF NEW HAM	1. BURIAL PER	RMIT NO	RECE	VFN			
	BURIAL TRANSIT PI	ERMIT		2. CITY OR TO	wn	TOWN CLERK'S OF		
3. DECEDENT'S N	AME (First, Middle, Last) ATORE			4. SEX FEMALE	5. DATE OF DE	ATH (MITT) APA 25	A 9:	
6. AGE 98 Years	7. DATE OF BIRTH (Month, Day, Year) FEBRUARY 25, 1921)F DEATH	9. COUNT	Y OF SOUTHBORK	augh. M			
10. METHOD OF D	DISPOSITION (1.Burial 2.Temp. Entombme	nt 3. Cremation 4.I	Donation 5. Mausoleu	m 6.Other):	CODE	1		
11. PLACE OF DIS	POSITION (Name of cemetery, crematory or	other place)	RURAL CEMI	TERY				
12. LOCATION (C	ity/Town, State) SOUTHBORO, MA							
13. DATE OF DISF	OSITION (Refer to 19a) APRIL 18,	2019						
I4. IF ENTOMBED	(OR CREMATED) PLACE OF FINAL BURIA	L						
15 LOGATION OF	FINAL DISPOSITION (City/Ferrise City)							
15. LOCATION OF	FINAL DISPOSITION (City/Town, State)						1	
	A CERTIFICATE OF DEATH, HAVING BEEN	I FILED AS REQUI	RED BY THE LAWS (OF THS STATE, PI	ERMISSION IS HE	REBY GIVEN TO:		
16. FUNERAL DIR	ECTOR ERIN YOUNG	•			17. N.H. LIC. N	UM ONLY 0000		
18. NAME AND LO	CATION OF FACILITY (City/Town, State)	DUCKET	T FUNERAL HOME	, SUDBURY, MA	<u>I</u>			
19. COUNTER SIG	NED AGENT(City Board of Heath/Sub-Regis	ter if app.)	20. CITY/TOWN DOVER			ISSUED (Month, Day, Ye	ear)	
	CEMETERY OR STORAGE	VAULT AUTHORIT	TY SHALL FILL OUT	SPACE BELOW W	HEN APPLICABL		100 mg. mg. mg. mg. mg. mg. mg. mg. mg. mg.	
22. IF STORED, BO	DDY WAS PLACED IN (Name of Storage Val	ult) 23. D	ATE STORED (Month	, Day, Year)	24. CITY/TOWN,	STATE		
25. SIGNATURE O	F SEXTON OR PERSON IN CHARGE OF S	TORAGE VAULT	26. D	ATE ISSUED (Mor	nth, Day, Year)			
ncentral de la companya de la companya de la companya de la companya de la companya de la companya de la compa	CEMETERY O	R CREMATORY A	UTHORITY SHALL FI	LL OUT SPACE BI	ELOW		o trop company XII po된도 1 기기 Syledicanos to the	
TVILL	OSITION (Cremated, burjed, etc.) Tanny Sunne	28. DATE OF DISI (Month, Day, Y	···•	29. NAME AN (City/Town		CEMETERY OR VAULT		
30. SECTION	31. GRAVE NO.		OF SEXTON OR PERS	ON IN CHARGE	A SOUTH			
SEC. 11	1A		a de	Illun-	da Cur	1		
	eing signed by the Sexton or person in charge in which the disposition takes place.	e (or by the Funeral	Director where there i	s no Sexton) must	be forwarded withi	n six days to		





State File # 2019 020522

Form R-309 07012014 Information necessary for the Certificate of Death has been completed for: Decedent Name BACKER, ANITA K. 11 RESERVOIR STREET, SOUTHBOROUGH, MA Place of Death APRIL 30, 2019 Date of Birth AUGUST 25, 1948 **FEMALE** Date of Death 11 RESERVOIR DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) ΝO Rank/organization/outfit(most recent) Branch of military (most recent) Service Number(most recent) Date entered(most recent) Date Discharged (most recent) Certifier NAEEM TAHIR, MD Lic # 238186 Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 Immediate Cause of Death METASTATIC MALIGNANT NEUROENDOCRINE CANCER OF ESOPHAGUS This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 5788 Funeral Licensee/ Designee RICHARD S MANSFIELD Facility. MILES FUNERAL HOME, HOLDEN, MASSACHUSETTS Disposition Type BURIAL Date of Disposition MAY 03, 2019 Place/Address HOLY SOCIETY CEMETERY, CEMETERY ROAD, LEICESTER, MASSACHUSETTS 01524 Endorsements Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics Local Permit# 19-4 020522 State Tracking # MAY 02, 2019 MAY 03, 2019 Date Date JAMES F. HEGARTY Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Place of Disposition (Facility Name and Address) Signature Date of Disposition Name of Superintendent or Authorized Designee: Disposition Type

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



State of Florida, Department of Health, Bureau of Vital State & CLERK'S OFFICE **BURIAL TRANSIT PERMIT**

DATE PRINTED: April 12, 2019

Name and Address of Funeral Home/Direct Disposal Establishment

TRACKING NUMBER: 2019060246

1.

DECEDENT INFORMATION

SOUTHBOROUGH, M

Name of Deceased

MARY WALLACE HAWN

Date of Death

April 9, 2019

Place of Death - County

City, Town or Location

Name of facility, or street address if not a facility

ST LUCIE

PORT ST LUCIE

PALM GARDEN

Fla. Lic. No./Reg. No.

ST LUCIE CREMATION SERVICES F070938

Phone Number

8549 S US 1

PORT ST LUCIE, FLORIDA, 34952

F070938

(772) 785-9009

Funeral Director/Direct Disposer

ROBERT ANTONUCCI

Fla. Lic. No./Reg. No.

F019838

Medical Verification Statement

Donna at the certifying physician's office, was contacted on 04/10/2019 by the funeral director listed above; he/she indicated that ROSE MILAGROS GUILBE, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number:

2019-F070938-5103

Date Issued:

April 10, 2019

State Registrar

AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION 3.

Authorization given by Medical Examiner District

Approval Number:

C19-19-04-SLC15

4.

CEMETERY OR CREMATORY

Place of Disposition:

KURAL CENERAL, SWITHEOLUIGH MA SEC. 13, LOT 13, GAV 446 Method of Disposition: Liver of Chemania Remanus

Date of Disposition:

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326F 10/12

64V-1.011, Florida Administrative Code





State File #

2019 025258

Information necessary for the Certificate of Death has been completed for:

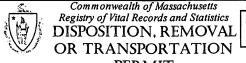
TILL	formation necessary for the Certificate of Death has been completed for.								
	Decedent Name	WEBER , P.	AUL J.			<u>-</u>			
	Place of Death	5 CLIFFORD STREET, SOUTHBOROUGH, MA							
1	Date of Death	JUNE 01, 2019		Da	te of Birth	JANUARY 11, 1961	Sex	MALE	
EN	Residence	5 CLIFFORD S	STREET, SOUTH	BOROUGH, M.	ASSACH	US ETTS 01772			
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)								
DE	NO Branch of military (most recent)			F	Rank/organi	ization/outfit(most recent)			
				<u>-</u>					
}	Date entered(most recent) Date ===			ate Discharged (mo	ost recent)	Service Num ber(m	ost recent)		
~	Certifier SEAM	US MARK, MD				Lic # 238902			
FIE	Addr. 900 UNION STREET, WESTBOROUGH, MASSACHUSETTS 01581								
CERTIFIE	Immediate Cause of Death CARDIAC EVENT								
Ĺ									
Th	is permit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to r	emove, dispose or trans		as listed below:	
z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277								
0 2	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
SIT	Disposition Type CREMATION Date of Disposition JUNE 07, 2019								
DISPOSITIO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
=	RUNNE CEMETERT (CREMATORI), 100 ORO 12 O IREEL, WORCED LENG WESO NOTICE DE 110 01003								
En	dorsements								
	Registry of Vita	l Records and Stat	tistics	Board of Health	Agent for	SOUTHBOROUGH			
MIT	State Tracking #	025258		Local Permit#	19-5				
PER	Date	JUNE 03, 20	19	Date	JUNE 03	3, 2019			
				Name of Agent	JAMES	F. HEGARTY			
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:								
A T10	Place of Disposi	tion (Facility Name	and Address)		Signatur	re			
MA									
ONFIRM					X				
ON	Disposition Type	?	Date of Disposition		Name of	Superintendent or Authorize	d Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2019 028630

TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2019 JUN 25 A 10: 4

l								•	40 11 10 g	
	Decedent Name	BARNES , I	EDWARD W				S	OUTHBO	ROUGH. MA	
	Place of Death	22 WILDWOO	D DRIVE, SOU	ГНВОROUGH, N	ИA					
 -	Date of Death	JUNE 24, 2019		Da	ite of Birth	FEBRUARY	02, 1926	Sex	MALE	
ENT	Residence			Г <mark>НВО</mark> ROUGH, N	MASSACI	HUSETTS 017	72			
ECED	If U.S. veteran, specify war/conflict(s) (most recent) WWII							-		
^	Branch of military (most recent) NAVY				Rank/organization/outfit(most recent) RADIOMAN 3RD CLASS					
	Date entered(mo			Date Discharged (mo MAY 24, 1946	ost recent)	Service 804 04	Number(mos 81	t recent)		
~	Certifier DAVII	J CANCIAN,	MD			Lic # 7	8517			
FIE	Addr. 521 MT.	AUBURN STRE	ET, SUITE 202,	WATERTOWN,	MASSAC	CHUS ETTS 02	472			
Addr. 521 MT AUBURN STREET, SUITE 202, WATERTOWN, MASSACHUSETTS 02472 Immediate Cause of Death PNEUMONIA										
Ti	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
z	Funeral Licensee/ Designee HENRY C BOYLE, III									
SIT	Disposition Type BURIAL Date of Disposition JUNE 29, 2019									
DISPOSITIO	Place/Address	EMETEDV 250	UICU STREET	WALTHAM, M	IASSACH	TISETTS 0245	1			
۵	CALVARI	EMELEKI, 250	mon since,	WADINAM, W	ADDACI	10011110 0240				
En	dorsements									
Ī.	Registry of Vita	l Records and Sta	tistics	Board of Healt	h/Agent for	: SOUTHBORO	UGH			
MIT	State Tracking #	028630		Local Permit#	19-6					
PER	Date	JUNE 25, 20	19	Date JUNE 25, 2019						
"				Name of Agent	JAMES	F. HEGARTY				
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
TION	Place of Disposition (Facility Name and Address)				Signatui	re				
	<									
FIRM					X		······································			
CON	Disposition Type	7	Date of Disposition	on	Name of	Superintendent o	or Authorized	Designee:		
١	[1		1					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





0000389503



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2019 029908

Information necessary for the Certificate of Death has been completed for:

****	ormation necessary for the Certificate of Double ha							
	Decedent Name GEARY, MARIANNE JOA	AN						
	Place of Death 4 MITCHELL STREET, SOUTH	IBOROUGH, MA						
T	Date of Death JUNE 29, 2019 Date of Birth DECEMBER 21, 1922 Sex FEMALE							
EN	Residence 4 MITCHELL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772							
DECED	If U.S. veteran, specify war/conflict(s) (most recent) NO							
-	Branch of military (most recent)	Rank/organ	ization/outfit(most recent)					
	Date entered(most recent)	ate Discharged (most recent)	Service Number(most recent)					
<u> </u>	Certifier LALITA A MATTA, MD		Lic # 78051					
IFIEF	Addr. 65 FREEMONT STREET, MARLBOROUGH, MASSACHUSETTS 01752							
CERTI	Immediate Cause of Death ADVANCED DEMENTIA							
Tł	nis permit authorizes the following Funeral Servic	e Licensee or Designee to	remove, dispose or transport remains as listed below:					
	Funeral Licensee Designee NANCY G MORRIS		Lic # 50277					
0 N	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
SITIO	Disposition Type BURIAL		Date of Disposition JULY 08, 2019					
DISPO	Place/Address							
Er	Endorsements							
	Registry of Vital Records and Statistics	Board of Health/Agent for	: SOUTHBOROUGH					
MIT	State Tracking # 029908	Local Permit# 19-7						
ER	Date JULY 02, 2019	Date JULY 02	2, 2019					
۱ م	l .	Name of Associate LAMIES	E HECADTV					

Acceptance of Permit

Disposition Type

Place of Disposition (Facility Name and Address)

CONFIRMATION

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Signature

Name of Superintendent or Authorized Designee:

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Date of Disposition

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

OCME CASE # 2019-8155

2019 030052

Form R-309 07012014

Int	nformation necessary for the Certificate of Death has been completed for:								
Decedent Name HUPFER, DARRYL B									
	Place of Death 1 DAVID HENRY GARDNE	ER LANE, SOUTHBOROUGH, MA							
-	Date of Death JUNE 27, 2019	Date of Birth DECEMBER 28, 1955 Sex MALE							
EN	Residence 1 DAVID HENRY GARDNE	ER LANE, SOUTHBOROUGH, MASSACHUSETTS 01772							
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO								
=	Branch of military (most recent)	Rank/organization/outfit(most recent)							
	Date entered(most recent)	Date Discharged (most recent) Service Number (most recent)							
	<u></u>								
ER	Certifier RICHARD J. EVANS, MD	Lic # 58622							
RTIFII	Addr. 55 LAKE AVENUE N, WORCESTER	k, MASSACHUSETTS 01655							
CERT	Immediate Cause of Death HANGING								
TI	is permit authorizes the following Funeral Se	ervice Licensee or Designee to remove, dispose or transport remains as listed below:							
H	Funeral Licensee/ Designee WILLIAM J. FAY Lic # 5556								
Z 0	Facility. CALLAHAN & FAY BROTHERS FUNERAL HOME, WORCESTER, MASSACHUSETTS								
SITI	Disposition Type REMOVAL FROM STATE								
DISPOSITIO	Place/Address								
0	NEWTOWN VILLAGE CEMETERY, 20 E	ELM DRIVE, NEWTOWN, CONNECTICUT 06470							
En	dorsements								
	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH							
ERMIT	State Tracking # 030052	Local Permit # 19-8							
PER	Date JULY 03, 2019	Date JULY 03, 2019							
Ĺ		Name of Agent JAMES F. HEGARTY							
z	I he reby certify that the remains were disposed of	f in accordance with its terms at the place and date below:							
ATION	Place of Disposition (Facility Name and Address)	Signature							
FIRM		X							
CON	Disposition Type Date of Dispos	osition Name of Superintendent or Authorized Designee:							

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

7-11-19 1:13 pm JFH



0000389503

Form R-309 07012014



State File # 2019 029908

I, REMOVAL

Information necessary for the Certificate of Death has been completed for: Decedent Name GEARY, MARIANNE **JOAN** 4 MITCHELL STREET, SOUTHBOROUGH, MA Place of Death Date of Birth DECEMBER 21, 1922 **JUNE 29, 2019** Sex **FEMALE** Date of Death 4 MITCHELL STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent) Service Number(most recent) Date entered (most recent) Date Discharged (most recent) Certifier LALITA A MATTA, MD Lic # 78051 Addr. 65 FREEMONT STREET, MARLBOROUGH, MASSACHUSETTS 01752 Immediate Cause of Death ADVANCED DEMENTIA This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Funeral Licensee Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type BURIAL Date of Disposition JULY 08, 2019 Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 Endorsements Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics Local Permit# 19-7 029908 State Tracking # **JULY 02, 2019** Date **JULY 02, 2019** Date Name of Agent JAMES F. HEGARTY I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Signature Place of Disposition (Facility Name and Address) LUNAL CENETICAL 11 CondAVICE KO X Date of Disposition

Acceptance of Permit

VIL EANTH

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

2019 025258







Form R-309 07012014



State File#

Information necessary for the Certificate of Death has been completed for:

Г	Decedent Name	WEBER,	PAUL	J.						
	Place of Death 5 CLIFFORD STREET, SOUTHBOROUGH, MA									
<u>_</u>	Date of Death	JUNE 01, 201	9		,	Date of Birth	JANUARY	11, 1961	Sex	MALE
E N										
ECEI	If U.S. veteran, specify war/conflict(s) (most recent) NO									
^	Branch of military (most recent)			Rank/organization/outfit(most recent)						
	Date entered (most recent)			Date Discharged (most recent) Service Number(m						
l	Date entered (mo	ist recent)			ate Discnargea ((most recent)	Servi	ce Num ver(m	osi recent)	
~	Certifier SEAN	IUS MARK, M	D				Lic#	238902		
FIE	Addr. 900 UNION STREET, WESTBOROUGH, MASSACHUSETTS 01581									
CERTI	Immediate Cause of Death CARDIAC EVENT									
TI	nis permit autho	rizes the follow	wing Fu	ieral Servic	ce Licensee or l	Designee to r	remove, dispo	ose or transp	port remains	as listed below:
<u></u>									T: # F0388	

Lic # **50277** Funeral Licensee/Designee NANCY G MORRIS DISPOSITIO Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUSETTS

Disposition Type CREMATION

Date of Disposition JUNE 07, 2019 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

120	doisements	W/I SCIECTES						
Т	Registry of Vital Records and Statistics		Board of Healtl	A/Agent for: SOUTHBOROUGH				
MII	State Tracking #	025258	Local Permit#	E-PERMIT				
PER	Date	JUNE 03, 2019	Date	_				
P.			Name of Agent	_				
NO	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
	Place of Dispositio	Place of Disposition (Facility Name and Address) Signature						

X

Rural Cemetery 180 Grove Street 180 Grove MA 01605 Date of Disposition Disposition Type

Name of Superintendent or Authorized Designee:

2019 John H Cobill JIIN 1 Cremation

Acceptance of Permit

CONFIRMAT

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File #

2019 032610

RECEIVED TOWN CLERK'S O

Information necessary for the Certificate of Death has been completed for:

\vdash		2019 JUL 22 A 4 JU						
	Decedent Name KEY, ELDA							
	Place of Death 65 WILLIAM ONTHANK LAN	IE, SOUTHBOROUGH, MA SOUTHBOROUGH, MA						
ı	Date of Death JULY 07, 2019	Date of Birth APRIL 30, 1934 Sex FEMALE						
EN	Residence 65 WILLIAM ONTHANK LAN	IE, SOUTHBOROUGH, MASSACHUSETTS 01772						
ECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)							
D E	NO Branch of military (most recent)	Rank/organization/outfit(most recent)						
1	Date entered(most recent)	Date Discharged (most recent) Service Number (most recent)						
\vdash	Certifier RASMIA AHMED, MD	Lic # 216449						
IER	Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702							
TIF	Immediate Cause of Death							
CERTIFIE	CARDIORES PIRATORY ARREST							
L								
Ti	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
SITION	Funeral Licensee/ Designee DAVID A CAS PER Lic # 6562							
	Facility. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS							
SI	Disposition Type CREMATION Date of Disposition JULY 22, 2019							
DISPO	Place/Address							
۵	BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184							
Er	dorsements							
	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH						
MIT	State Tracking # 032610	Local Permit # 19-9						
ERN	Date JULY 20, 2019	Date JULY 22, 2019						
<u>-</u>	0021 20, 2015	Name of Agent JAMES F. HEGARTY						
┝								
z		accordance with its terms at the place and date below:						
MATIO	Place of Disposition (Facility Name and Address)	Signature						
Σ								
FIR		X						
NO	Disposition Type Date of Dispositio	on Name of Superintendent or Authorized Designee:						
١٦								

Acceptance of Permit

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_				_				
]	00.190575 nn R-309 07012014 Formation neces	sary for the Certific	7. XX	Commonwealth of Megistry of Vital Record DISPOSITION, OR TRANSPO PERM eath has been complete	ds and Statistics REMOVA RTATION	L	2019 03	2610
⊬	· · · · · · · · · · · · · · · · · · ·							
ŀ	1	KEY, ELDA						
	Place of Denih		THANK	LANE, SOUTHBOR	•			•
5	Date of Death	JULY 07, 2019			•	PRIL 30, 1934	Sex	FEMALE
DECEDENT	Residence	pecify war/conflict(s) (H	THANK	CLANE SOUTHBOR	OUCH, MAS	SACHUSETTS 0177	2	
E	NO NO	ресуу жи т сол унсцау (п	nom Pege	ni)		•		
٦	Branch of militar	ry (most recent)			Rank/organizari	ion/outfli(most recent)		
	Date entered (mass revent)			Date Discharged (n.	ost recent)	Service Number(m	ost recent)	
4	Certifier RASM	IIA AHMED, MD			M	/.lo# 216449		
TIFIER	Addr. 571 UNIO	ON AVENUE, FRAN	WINGH	AM, MASSACHUSE	TT\$ 01702			
CERT	Immediate Cause CARDIORES F	of Death PIRATORY ARRES	Т					-
T	his permitautho	rizes the following F	[?] uneral	Service Licensee or De	signee to rem	ove, dispose or trans	ort remains:	is listed below:
		Designee DAVID A					Lie # 6562	
KO!				IATION SERVICES,	BOSTON, MA	ASSACHUSETTS		
DISPOSITI	Disposition Type			•		Date of Draposition	IULY 22, 2019)
3.0	Place/Address					-		,
2	BLUE HILL C	REMATORY, 700 I	REAR V	WEST STREET, BRA	INTREE, MA	SSACHUSETTS 021	184	•
Ě	dorsements		•		 ,	· · · · · · · · · · · · · · · · · · ·		
	Registry of Vitel	Records and Statistics	3	Board of Healt	h/Agent for: SO	UTHBOROUGH		
PERMIT	State Tracking #	032610		Local Permit #	E-PERMIT			
7 6 8	Date	JULY 20, 2019		Date	***			
				Name of Agent				
2	I hereby cortily t	hat the remains wars (disposed	of in accordance with its	terms at the ple	ace and date below;		
Ě	Place of Dispositi	on (Facility Name and	7.33		C			
ž			_				}	
CONFIRMATION			i	چر) اب _ا				,
ê	Dispoduan Type Crem	nation		Dig		Till	e:	

Acceptance of Permit

Permits printed with the designation " This designation indicates that the des dosignated agents will later assign a p by the city or town clerk or registrar. acceptance for disposal.

A cremation clearance from the Offic certificates, the cremation clearance n of this form.

After confirmation of disposition, the rctain a copy for their records.



700 West Street, Braintree, MA02184 Date of Cremation: 7/23/2019

Gerald M. Ridge, Jr., President

Entrusted to Our Care C

f the Local Permit #, poards of health or their d prior to registration or and date prior to

-certified death d is indicated at the top

t as listed above and



Gerald M. Ridge, Jr. President

COVER SHEET - ELECTRONIC TRANSMITTAL OF DISPOSITION PERMIT(S)

TO:

Designated Municipal Agent / Primary "Burial Agent"

(Board of Health, Health Department, Municipal Clerk, etc.)

FROM:

Blue Hill Cemetery & Crematory

RE:

Commonwealth of Massachusetts

Registry of Vital Records & Statistics

DISPOSITION, REMOVAL or TRANSPORTATION PERMITS (Burials, Cremations, Entombments, Disinterments, etc.)

In compliance with *Massachusetts General Law, Part 1, Title XVI, Chapter 114, Section 47*, the following pages (page) are (is) being forwarded to your attention.

Because cemeteries and crematories do not have access to the Commonwealth's VIP Electronic Death Registration System (EDRS), we have opted to transmit our records to you via fax or email.

If you have received these documents in error or have questions or concerns regarding this transmittal, please contact Joe Walker at 781-843-9000.

Thank you for your time and consideration in this matter.

CONFIDENTIALITY STATEMENT: The documents accompanying this facsimile or email transmittal are intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you are not the intended recipient, you are hereby notified that law strictly prohibits any disclosure, copying, distribution or action taken in reliance on the contents of these documents. If you have received this fax in error, please notify the sender immediately to arrange for return of these documents.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

State File #

2019 028630

Form R-309 07012014

RECEIVED

[n f	ormation necess	sary for the Cert	ificate of Death ha	is been complete	d for:		TOTAL CLEAR			
	Decedent Name	BARNES , I	EDWARD W				2019 JUL 25	D 1: 10		
	Place of Death	•	D DRIVE, SOUT	HROPOLICH A	14			1. 14		
	Date of Death	JUNE 24, 2019	•		te of Birth	EEDDIIADV	SQUITHBORO	URHMA		
DECEDENT	*	•			•			n ott that the		
EDE	Residence	pecify war/conflict(D DRIVE, SOUT	HBURUUGH, N	IASSACI	HUSEI IS UI /	12	•.		
EC	WWII	becyy war/corgnei(s) (most recent)					•		
_	Branch of military (most recent) NAVY			Rank/organization/outfit(most recent) RADIOMAN 3RD CLASS						
	Date entered(most recent) MARCH 31, 1944			ate Discharged (mo AY 24, 1946	most recent) Service Number(most recent) 804 04 81					
~	Certifier DAVII) J CANCIAN,	MD			Lic # 7	78517			
FIE	Addr. 521 MT	Addr. 521 MT AUBURN STREET, SUITE 202, WATERTOWN, MASSACHUSETTS 02472								
CERTIFIER	Immediate Cause PNEUMONIA	of Death								
Th	l is permit autho	is permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
7	Funeral Licensee	Designee HEN I	RY C BOYLE, III			-	Lic # 615	5		
0	Facility. BOYL	E BROTHERS	FUNERAL HOM	E, INC., FRAMI	NGHAM,	MASSACHU	SETTS			
SPOSITION	Disposition Type BURIAL					Date of D	isposition JUNE 29,	2019		
SP 0	Place/Address									
0	CALVARY CI	CALVARY CEMETERY, 250 HIGH STREET, WALTHAM, MASSACHUSETTS 02451								
En	dorsements									
_	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for:	: SOUTHBORG	DUGH			
PERMIT	State Tracking #	028630		Local Permit#	E-PERM	IT				
ER	Date	JUNE 25, 20	19	Date						
_				Name of Agent						
z	I hereby certify	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:								
ATION		ion (Facility Name	•	,	Signatur		9			
FIRM	Calvay Wal d			un	X \mathcal{L}	2 Bre	Il			
CON	Disposition Type	. 110	Date of Disposition	9/19	Name of	Superintendent o	or Authorized Designee.			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2019 034449

RECEIVED TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for: Decedent Name LABARRE, ANNETTE MARIE 32 BOSTON ROAD, SOUTHBOROUGH, MA Place of Death Date of Birth APRIL 18, 1937 SOUTHBOROUGHEMAN JULY 30, 2019 Date of Death 32 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent) Date Discharged (most recent) Service Number(most recent) Date entered (most recent) Lic # 157585 Certifier EDYTA KONRAD, MD Addr. 320 BOLTON STREET, MARLBOROUGH, MASS ACHUS ETTS 01752 Immediate Cause of Death CARDIAC ARREST This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Funeral Licensee/ Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition AUGUST 02, 2019 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 Endorsements Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics

- 1	_							
2	M	State Tracking #	034449	Local Permit#	09-10			
	ER	Date	AUGUST 01, 2019	Date	AUGUST 01, 2019			
ı	•			Name of Agent	JAMES F. HEGARTY			
ľ	z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
					1 a.			

z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
110	Place of Disposition (Facility Na	ame and Address)	Signature			
Σ						
FIR			X			
0	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:			
"						

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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Fon	0395654 m R-309 07012014 Cormation necessary for the Certific	Commonwealth of M Registry of Vital Record DISPOSITION, I OR TRANSPOF PERMI atte of Death has been complete	s and Statistics REMOVAL RTATION	2019 034449						
	Decedent Name LABARRE , Al	NNETTE MARIE								
	Place of Death 32 BOSTON ROA	D, SOUTHBOROUGH, MA								
-	Date of Death JULY 30, 2019		te of Birth APRIL 18, 1937	Sex FEMALE						
EN	Residence 32 BOSTON ROA	D, SOUTHBOROUGH, MASS	SACHUSETTS 01772							
ECEDEN	If U.S. veteran, specify war/conflict(s) (
DE	NO Branch of military (most recent)		n-1/ · · · · · · · · ·							
	— (mast recent)		Rank/organization/outfit(most recent 	י						
	Date entered (most recent)	Date Discharged (m	ost recent) Service Number	er(most recent)						
æ	Certifier EDYTA KONRAD, MD Lic # 157585									
RTIFIER	Addr. 320 BOLTON STREET, MA	IRLBOROUGH, MASSACHT	JSETTS 01752							
CERTI	Immediate Cause of Death CARDIAC ARREST									
Tt	nis permit authorizes the following	Funeral Service Licensee or De	signee to remove, dispose or tr	ansport remains as listed below:						
7.	Funeral Licensee Designee NANCY	Funeral Licensee/Designee NANCYG MORRIS Lic # 50277								
0 2	Facility. MORRIS FUNERAL HO	ME, SOUTHBOROUGH, MA	SSACHUSETTS							
SPOSITIO	Disposition Type CREMATION			on AUGUST 02, 2019						
S P O	Place/Address			·						
۵	RURAL CEMETERY (CREMAT	CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements									
-	T	S Board of Healt	b/Agent for: SOUTHROROUGH							
-	adorsements Registry of Vital Records and Statistic State Tracking # 034449		b/Agent for: SOUTHBOROUGH							
ERMIT	Registry of Vital Records and Statistic State Tracking # 034449	Local Permit#	b/Agent for: SOUTHBOROUGH E-PERMIT							
MIT	Registry of Vital Records and Statistic State Tracking # 034449	Local Permit # Date								
PERMIT	Registry of Vital Records and Statistic State Tracking # 034449 Date AUGUST 01, 20	Local Permit # Date Name of Agent	E-PERMIT							
PERMIT	Registry of Vital Records and Statistic State Tracking # 034449 Date AUGUST 01, 20 I hereby certify that the remains were	Local Permit # Date Name of Agent edisposed of in accordance with its	E-PERMIT							
ATION PERMIT	Registry of Vital Records and Statistic State Tracking # 034449 Date AUGUST 01, 20	Local Permit # Date Name of Agent edisposed of in accordance with its	E-PERMIT							
ATION PERMIT	Registry of Vital Records and Statistic State Tracking # 034449 Date AUGUST 01, 20 I hereby certify that the remains were	Local Permit # Date Name of Agent edisposed of in accordance with its Address) Rural Cemetery	E-PERMIT							
TION PERMIT	Registry of Vital Records and Statistic State Tracking # 034449 Date AUGUST 01, 20 I hereby certify that the remains were Place of Disposition (Facility Name and	Local Permit # Date Name of Agent edisposed of in accordance with its	E-PERMIT	4. Cohile						

Acceptance of Permit

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2 2019

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2019 036409

Info	ormation necessary for the Certificate of Death has been completed for:								
	Decedent Name MCKINLEY, JORY DAMO	Decedent Name MCKINLEY, JORY DAMON							
	Place of Death 8 FLAGG ROAD, SOUTHBOROUGH, MA								
ہ	Date of Death AUGUST 09, 2019	Da	te of Birth	MARCH 09, 1962	Sex	MALE			
EN	Residence 8 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
ECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)								
DE	NO Branch of military (most recent)	R 	ank/organi: 	zation/outfit(most recent)					
	Date entered(most recent) Date	nte Discharged (mo	st recent)	Service Number(most	t recent)				
æ	Certifier RICHARD J. EVANS, MD			Lic # 58622					
FIE	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655								
CERTIFIE	Immediate Cause of Death HANGING								
Th	nis permit authorizes the following Funeral Service	e Licensee or De	signee to r	emove, dispose or transpo	rt remains	as listed below:			
_	Funeral Licensee' Designee NANCY G MORRIS Lic # 50277								
10 N	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
SIT	Disposition Type CREMATION		Date of Disposition AUGUST 16, 2019						
DISPOSITIO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements								
_	Registry of Vital Records and Statistics	Board of Health	/Agent for:	SOUTHBOROUGH					
RMIT	State Tracking # 036409	Local Permit#	19-11						
PER	Date AUGUST 14, 2019	Date		Γ 14, 2019					
		Name of Agent	JAMES 1	F. HEGARTY					
z	I hereby certify that the remains were disposed of in a	ccordance with its	terms at th	e place and date below:					
T10	Place of Disposition (Facility Name and Address)		Signatur	е					
M									
FIR			X						
CONFIRMATION	Disposition Type Date of Disposition	1	Nam e of	Superintendent or Authorized	Designee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION OCME CASE # 2019-10069

State File#

2019 036409

PERMIT

Information necessary for the Certificate of Death has been completed for: Decedent Name MCKINLEY, JORY DAMON Place of Death 8 FLAGG ROAD, SOUTHBOROUGH, MA MALE **AUGUST 09, 2019** Date of Birth MARCH 09, 1962 Sex Date of Death Residence 8 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date Discharged (most recent) Service Number(most recent) Date entered (most recent) Certifier RICHARD J. EVANS, MD Lic # 58622 Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655 Immediate Cause of Death HANGING This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Funeral Licensee/ Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition AUGUST 16, 2019 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 Endorsements Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH

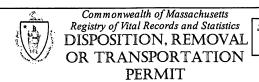
M	State Tracking # 036409		Local Permit#	E-PERMIT
ER	Date AUGUST 14	, 2019	Date	
			Name of Agent	
z	I hereby certify that the remains	were disposed of in ac	cordance with its	terms at the place and date below:
FIRMATI	Place of Disposition (Facility Name	Darral Cemeler	ry eei A D1605	Signature X John 74 Cohill
CON	Disposition Type Cremation	Date of Dipplicon	5 2019	Name of Superintendent or Authorized Designee: John H Cobill
	FIRMATION PE	State Tracking # 036409 Date AUGUST 14 I hereby certify that the remains Place of Disposition (Facility Name Disposition Type	State Tracking # 036409 Date AUGUST 14, 2019 I hereby certify that the remains were disposed of in accordance of Disposition (Facility Name and Address) Rural Cempte 180 Grove Str. Worrester, Market Disposition Type Date of Disposition Type	State Tracking # 036409 Date AUGUST 14, 2019 Local Permit # Date Name of Agent I hereby certify that the remains were disposed of in accordance with its Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA D1605 Disposition Type Date of Disposition 5 2010

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2019 038933

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	GAGNON,	MARY JAN	E					
	Place of Death	237 CORDAVI	LLE ROAD, S	OUTHBOROUGH	, MA				
_L	Date of Death	AUGUST 30, 2	019	Da	te of Birth	SEPTEMBER	R 16, 1937	Sex	FEMALE
Z	Residence 80 NEWTON STREET, FAIRFIELD, CONNECTICUT 06824								
ECEDEN	If U.S. veteran, sp	pecify war/conflict(
DEC	NO			7) <i>l</i> -/	zation/outfit(mosi	t was and)		
	Branch of military (most recent)			- -	tank/organi: 	zation/oujii(mosi	receni)		
	Date entered (most recent) Do		Date Discharged (mo	Date Discharged (most recent)		Service Number(most recent)			
	C "C EDIC	I DOET AND B	m	_ 		Lic # 2"	72942		
ER	•	J ROELAND, M		A CATALO POPO DO A 2 1 1	4	LIC# Z	73042		
RTIFIER	Addr. 55 FRUI	·	STON, MASS	ACHUSETTS 0211	4				
CERI		CARCINOMA (CANCER						
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
DISPOSITION	Funeral Licenses	/Designee NANC	CYG MORRIS				Lic	# 50277	
	Facility. MORI	RIS FUNERAL 1	HOME, SOUT	HBOROUGH, MAS	SSACHUS	ETTS			
SIT	Disposition Type	REMOVAL FR	OM STATE			Date of Di	isposition SEP	TEMBER	R 07, 2019
SPO	Place/Address								
ī	ST THOMAS CEMETERY, MILL PLAIN ROAD, FAIRFIELD, CONNECTICUT 06824								
En	dorsements								
		l Records and Stat	tistics	Board of Healtl	n/A gent for:	SOUTHBORO	UGH		
11	State Tracking #		шастез	Local Permit #	19-13	Востивоно			
ERMIT	Date	AUGUST 30	2010	Date		IBER 03, 2019			
P	Date	AUGUST 30	, 2019	1		F. HEGARTY			
				Name of Agent					
Z	I hereby certify	that the remains v	vere disposed of	in accordance with its	terms at th	e place and date	below:		
FIRMATION	Place of Disposit	ion (Facility Name	and Address)		Signatur	е			
M									
FIR					X				
CON	Disposition Type		Date of Dispos	ition	Name of	Superintendent o	r Authorized De	signee:	
			Ì						

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2019 038970

ши	ormation necess	ary for the Cert	incate of Death in	as been complete	u tor:				
	Decedent Name	BERNDT , I	ELIS ABETH	-					
	Place of Death	36 MARLBOR	O ROAD, SOUT	HBOROUGH, M	A				
N T	Date of Death	AUGUST 29, 2	019	Da	te of Birth	MAY 22, 1938	Sex	FEMALE	
EN	Residence	36 MARLBOR	O ROAD, SOUT	HBOROUGH, M	ASSACH	TUSETTS 01772			
DECEDE	If U.S. veteran, sp NO	ecify war/conflict(s) (most recent)						
DE	Branch of military (most recent)			F	Rank/organization/outfit(most recent)				
	Date entered (most recent) Delicate entered (most recent)			ate Discharged (mo -	most recent) Service Number(most recent)				
ж:	Certifier ROBE	RT C. JANDL,	MD			Lic # 51036			
TIFIE	Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772								
CERT		Immediate Cause of Death T-CELL LYMPHOMA							
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
SPOSITION			T A. JOHNSTO				Lic # 6373		
		_	L HOME, INC.,		H, MASS	SACHUSETTS			
SIT	Disposition Type CREMATION					Date of Disposition S	EPTEMBER	06, 2019	
SPO	Place/Address								
DI	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements								
١	Registry of Vital	Records and Stat	istics	Board of Health	/Agent for	: SOUTHBOROUGH			
ERMIT	State Tracking #	038970		Local Permit#	19-12				
PER	Date	AUGUST 31,	, 2019	Date	SEPTEM	IBER 03, 2019			
				Name of Agent	JAMES F. HEGARTY				
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	e place and date below:			
Т10	Place of Disposit	ion (Facility Name	and Address)		Signatur	re			
M A									
FIR					X				
CONFIRMATION	Disposition Type		Date of Disposition	n	Name of	Superintendent or Authorized	Designee:		
					1				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2019 038970

PERMIT Form R-309 07012014 Information necessary for the Certificate of Death has been completed for: Decedent Name BERNDT , ELIS ABETH Place of Death 36 MARLBORO ROAD, SOUTHBOROUGH, MA Date of Death **AUGUST 29, 2019** Date of Birth MAY 22, 1938 FEMALE Ser Residence 36 MARLBORO ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered (most recent) Date Discharged (most recent) Service Number(most recent) Certifier ROBERT C. JANDL, MD Lic # 51036 Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 Immediate Cause of Death T-CELL LYMPHOMA This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 6373 Funeral Licensee/ Designee SCOTT A. JOHNSTON Facility. SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition SEPTEMBER 06, 2019 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 Endorsements

,					
I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:					
<i>^</i>					

Name of Superintendent or Authorized Designee:

10hn H Cobill

Acceptance of Permit

Disposition Type

Cremation

CONFI

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File#

2019 039843

0000402583

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

Decedent Name GRUMNEY, GLORIA Place of Death 69 OREGON ROAD, SOUTHBOROUGH, MA Date of Death **SEPTEMBER 02, 2019** Date of Birth SEPTEMBER 29, 1930 FEMALE Sex Residence 69 OREGON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered(most recent) Date Discharged (most recent) Service Number(most recent) Certifier DAVID CHODIRKER, MD Lic # 74617 Addr. 173 WORCESTER STREET, SUITE 1, WELLESLEY, MASSACHUSETTS 02481 Immediate Cause of Death ASPIRATION PNEUMONIA This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 5979 Funeral Licensee/ Designee FRANCIS J JOYCE Facility. FRANCIS J. JOYCE & SON, INC., WALTHAM, MASS ACHUSETTS Disposition Type DONATION Date of Disposition SEPTEMBER 06, 2019 Place/Address

Endorsements

CONFIRMATIO

_	Registry of Vital F	Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH			
M	State Tracking #	039843	Local Permit#	E-PERMIT		
PER	Date	SEPTEMBER 06, 2019	Date			
			Name of Agent			
	11		*****			

 $I\ hereby certify\ that\ the\ remains\ were\ disposed\ of\ in\ accordance\ with\ its\ terms\ at\ the\ place\ and\ date\ below:$

HARVARD MEDICAL SCHOOL, 260 LONGWOOD AVENUE, BOSTON, MASSACHUS ETTS 02115

Place of Disposition (Facility Name and Address HOOL-AGP BOSTON, MA Signature

DONATION

Date of Disposition

Name of Superintendent or Authorized Designee:

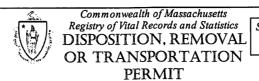
MARK CICCHETTI

Acceptance of Permit

Permits printed with the designation "E-PERM IT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File # 2019 039843

Information necessary for the Certificate of Death has been completed for:

l .										
	Decedent Name GRUMN	NEY , G	LORIA -							
	Place of Death 69 ORE	GON ROA	D, SOUTH	BOROUGH, MA						
ا ـ ا	Date of Death SEPTE	MBER 02,	2019	Da	te of Birth	SEPTEMBER 29, 1930	Sex	FEMALE		
DECEDENT	Residence 69 ORE	GON ROA	D, SOUTH	BOROUGH, MAS	SACHUSI	ETTS 01772				
ED	If U.S. veteran, specify war	/conflict(s) (n	iost recent)							
D E	NO			r	a u k/a ua aui	ingtion/outfit/most recent)				
	Branch of military (most red	cent)		-	Rank/organization/outfit(most recent)					
	Date entered (most recent)			Date Discharged (me	ost recent)	Service Number(most r	ecent)			
Ш		TOTAL MARKET	<u> </u>			 Lic # 74617				
Certifier DAVID CHODIRKER, MD Lic # 74617 Addr. 173 WORCESTER STREET, SUITE 1, WELLESLEY, MASSACHUSETTS 02481										
IFI		R STREET	, SUITE 1,	WELLESLEY, ML	ASSACHU	USEI 18 02481				
CERTIFIER	Immediate Cause of Death AS PIRATION PNEUM	ONIA								
Th	nis permit authorizes the	following I	Funeral Ser	vice Licensee or De	signee to r	remove, dispose or transport		as listed below:		
z	Funeral Licensee/ Designed	e FRANCIS	JJOYCE			Lic	# 5979			
	Facility. FRANCIS J. JO	OYCE & S	ON, INC., V	VALTHAM, MASS	ACHUSE	ETTS				
DISPOSITIO	Disposition Type DONA	ΓΙΟΝ				Date of Disposition SE	PTEMBE	R 06, 2019		
SP O	Place/Address									
D I	HARVARD MEDICAL SCHOOL, 260 LONGWOOD AVENUE, BOSTON, MASSACHUSETTS 02115									
En	l idorsements									
H	Registry of Vital Records	and Statistic	•	Board of Healtl	/Agent for	: SOUTHBOROUGH				
MIT	State Tracking # 03984			Local Permit #	19-14		-			
PERM		EMBER 0	6. 2019	Date	SEPTEM	/IBER 09, 2019				
<u>-</u>			-,	Name of Agent		F. HEGARTY				
-							-			
Z	I hereby certify that ther			n accordance with its						
ATION	Place of Disposition (Facil	lity Name and	Address)		Signatur	re				
FIRM/										
FI					X					
CON	Disposition Type	Do	ite of Disposii	tion	Name of	Superintendent or Authorized D	esignee:			
1		ı			1					

Acceptance of Permit

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State of Maine Department of Health and Human Services Permit for Disposition of Human Remains

Distributi	on of Copies	s: 🛭	Place of Fi		sposition			Permit Issue g Clerk – Re		l Endorsemen	t Received
1. FULL NAME OF DE John Ronald Ev		st, Middle, L	ast, Jr., etc.)					2. DATE (I (Mo., Day, Yr.) 019	
3. SEX 4. AGE Male 83 Yea	EVED IN	ECEDENT U.S. ARME ?		—	PLACE OF DEAT		Town)			(State)	
7a. NAME AND ADDR Conroy-Tully Walk 172 State Street Po	ESS OF FACT er Funeral I ortland, Ma	ILITY OR A Homes & ine 04101	UTHORIZED Cremation	PERSO Service	ON ees				L ISHMENT E NUMBEI	1	3
8. PERMISSION REQ	UESTED FOR	•	11 0		Temporary Stora	nge [Burial		Cremation	Entom	
9. AUTHORIZATION FOR PERMIT	Compl Death Certific	eted	Report of Death (Funeral Directors Only)		Burial at Sea Medical Exar Release for C Removal from Burial At Sea Medical Scien	remation, n State, , Use by	□ Å	dedical Science application or court Order for disinterment	G di	Disinte acility/Physician isposition of fetal as than 20 weeks roduct of induced by gestation	letter for remains gestation or
PERMISSION I	S HEREBY	GRANT	ED TO RE	MOVE			E HUM	IAN REMA	INS IDE	NTIFIED A	BOVE
10. SIGNATURE OF C	LERK OR (se	e #11)			10b. CITY OR	TOWN			10c. DAT	E SIGNED (Mo	., Day, Yr.)
11. SIGNATURE OF	TREGISTR	1 9	\		11b. SUBREG appointed by):			nicipality		E SIGNED (Mo	., Day, Yr.)
7	U-8		4		Port	land,	ME		10/4	/2019	
		12. NAMI	E OF CEMET	MACHINE STREET				13. LOC	ATION (C	City or Town)	(State)
REMAINS WER											
IN TEMPORAR STORAGE	Y		ATURE OF PI	ERSON	IN CHARGE OR I	MUNICIPA	L OFFIC	IAL	1	5. DATE (Mo.	, Day, Yr.)
REMAINS WI	FDF.	→	CORCEMENT	FDV CI	DEMATORY ME	DICAL SCE	IOOI. O	R 17 LOC	ATION (C	City or Town)	(State)
BURIED	SICE.	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION CITY OF TOWN) (State)									
☐ CREMATED		18. SIGNA	ATURE OF PI	ERSON I	IN CHARGE, MU	NICIPAL O	FFICIAL			19. DATE (Mo.,	, Day, Yr.)
ENTOMBMENT		DIRECTO	R, OR OTHE	R AUTI	HORIZED PERSO	N				. / -	1
BURIED AT SE			× 1100	126	O. Fills	1111				10/15/	J019
		20. NAMI	OF CEMET	ÉŔY, OÌ	R OTHER DESTI	NATION		21. LOC	ATION (C	ity or Town)	(State)
▼ REMOVED FRO	M STATE	Mo	rris Fun	eral	Home			Sout	hborou	igh, MA	
				R AUTI	IN CHARGE, MUI HORIZED PERSO M. L.V.L.V.	N	FFICIAL	., FUNERAL	1	23. DATE (Mo., 10/6/2019	•
DISPOSITION OF CI		24. B	uried (o Family cattered	}			ERY, OT	HER LOCAT	ION OR R	ECIPIENT	
	•	26. SIGNA →	TURE OF PE	RSON I	N CHARGE OR M	IUNICIPAI	. OFFICI	AL	2	27. DATE (Mo.,	Day, Yr.)
☐ REMAINS WE		28. NAMI	OF CEMET	ERY OR	VAULT	-		29. LOC	ATION (Ci	ity or Town)	(State)
DISINTERRED	, -	30. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL					IAL	3	31. DATE (Mo.,	Day, Yr.)	

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION OCME CASE # 2019-12832 PERMIT

State File # 2019 045915

Form R-309 07012014

Infe	formation necessary for the Certificate of Death has been completed for:										
	Decedent Name	DANAHY ,	PAUL A								
	Place of Death	RED ROOF IN	N, SOUTHBORG	OUGH, MA							
T N	Date of Death	OCTOBER 09,	2019	Da	te of Birth	APRIL 10, 1948	Sex	MALE			
E	Residence		AVENUE, HIGH	I SPRINGS, FLO	ORIDA 320	643					
ECED	VIETNAM	pecify war/conflict(s) (most recent)								
Q	Branch of militan				Rank/organi:)C3	zation/outfit(most recent)					
	Date entered(mo		D	ate Discharged (most recent) Service Number (most recent							
$oxed{oxed}$	MAY 22, 1967			IAY 21, 1973		369232		***			
R.	Certifier RICHARD J. EVANS, MD Lic # 58622										
RTIFIER	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655										
CERT	Immediate Cause ATHEROSCL										
Th	is permit autho	rizes the followi	ng Funeral Servi	ce Licensee or De	signee to r	emove, dispose or transp	ort remains	as listed below:			
z	Funeral License	e/Designee CHRI	STINA BARBOZ	A			Lic # 51179				
SIT	Disposition Type CREMATION Date of Disposition OCTOBER 15, 2019										
DISPOSITIO	Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131										
_											
En	dorsements			T		COLUMNICATION					
MIT		l Records and Sta	tistics			SOUTHBOROUGH		·			
E R M	State Tracking #		15 4010	Local Permit#	19-15	ED 17, 2010					
P.	Date	OCTOBER 1	15, 2019	Date		ER 16, 2019					
				Name of Agent		F. HEGARTY					
z	1			accordance with its		e place and date below:					
AT10	Place of Disposi	tion (Facility Name	and Address)		Signatur	e					
FIRMA											
FII					X						
CON	Disposition Type	?	Date of Dispositio	n	Name of	Superintendent or Authorized	d Designee:				
Ĺ											

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

- W

Fon	0410952 n R-309 07012014	₩ \\@/ , c	Commonwealth of Ma Registry of Vital Records DISPOSITION, R DR TRANSPOR PERMIT 18th has been completed	and Statistics REMOVAI TATION		2019 045915 0-12832			
	γ								
	Decedent Name	DANAHY, PAUL A							
ĺ	Place of Death	RED ROOF INN, SOUTHE	BOROUGH, MA						
ENT	Date of Death	OCTOBER 09, 2019	Dai	te of Birth Al	PRIL 10, 1948	Sex MALE			
ECEDEN	Residence 3379 NE 80TH. AVENUE, HIGH SPRINGS, FLORIDA 32643								
	If U.S. veteran, s	pecify war/conflict(s) (most recent)						
ء ا	Branch of milital			Rank/organization/outfit(most recent) DC3					
	Date entered (mo MAY 22, 1967		Date Discharged (mod MAY 21, 1973	st recent)	Service Number(m 369232	ost recent)			
E.R.	Certifier RICH	ARD J. EVANS, MD			Lic # 58622				
3.	Addr. 55 LAKE	AVENUE N, WORCESTE	R, MASSACHUSETT	S 01655					
CERTI	Immediate Cause of Death ATHEROS CLEROTIC CARDIOVAS CULAR DISEASE WITH CORONARY ARTERY								
Tì	nis permit autho	rizes the following Funeral S	ervice Licensee or Des	signce to rem	ove, dispose or trans	port remains as listed below:			
_	Funeral Licenses	e/Designee CHRISTINABAR	BOZA			Lic # 51179			
2	Facility. NEPT	UNE CREMATION SERVICE	E, WEYMOUTH, M.	ASS ACHUS I	ETTS				
SIT	Disposition Type	CREMATION			Date of Disposition	OCTOBER 15, 2019			
DISPOSITION	Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUS ETTS 02131								
E	dorsements								
	Registry of Vita	l Records and Statistics	Board of Health	/Agent for: SO	UTHBOROUGH	*.			
Σ	State Tracking #	045915	Local Permit#	E-PERMIT					
PERM	Date	OCTOBER 15, 2019	Date						
-			Name of Agent			,			
z	I he reby certify	that the remains were disposed o	of in accordance with its	terms at the pla	ace and date below:				
A T 10	Place of Disposi	tion (Facility Name and Address)	matory	Signature	· · · · · · · · · · · · · · · · · · ·				

Acceptance of Permit

Disposition Type Cremation

CONFIRMATI

Permits printed with the designation "E-PERM IT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

9

Name of Superintendent or A

Michael D. Sheehan, G.M.

500 Cantertary Street Boston, MA 02131

Date of Dispositio

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File #

2019 046587

Inf	ormation necessary for the Certifi	icate of Death ha	s been complete	d for:			
	Decedent Name FOSTER, WA	ALTER M		_			
	Place of Death 3 AS PENWOOD	LANE, SOUTH	BOROUGH, M	A			
Т	Date of Death OCTOBER 11, 2	019	Da	te of Birth	OCTOBER 10, 1949	Sex	MALE
DENT	Residence 3 AS PENWOOD	LANE, SOUTH	BOROUGH, M	ASSACH	USETTS 01772		
DECED	If U.S. veteran, specify war/conflict(s) NO	(most recent)					
DE	Branch of military (most recent)	<i>F</i> -	ank/organi 	ization/outfit(most recent)			
	Date entered(most recent)	ate Discharged (mo	ost recent)	Service Number(most r	ecent)		
R	Certifier IRINI A. SCORDI-BELL	LO, MD			Lic # 269344		-
RTIFIER	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118						
CERT	Immediate Cause of Death GUNS HOT WOUND OF HEAD						
Th	is permit authorizes the following	g Funeral Service	e Licensee or De	signee to 1			as listed below:
z	Funeral Licensee/ Designee SCOTT	A. JOHNSTON	Ī		Lic	# 6373	
r I	Facility. SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS						
S I.	Disposition Type CREMATION				Date of Disposition OC	TOBER 2	1,2019
DISPOSITIO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605						
En	dorsements						
_	Registry of Vital Records and Statist	tics	Board of Health	/Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking # 046587		Local Perm it #	19-16			
PER	Date OCTOBER 20,	, 2019	Date	OCTOB	ER 21, 2019		
			Name of Agent	JAMES	F. HEGARTY		
Z	I hereby certify that the remains we	re disposed of in a c	cordance with its	terms at th	e place and date below:		
ATION	Place of Disposition (Facility Name ar	nd Address)		Signatur	re		
CONFIRMA			X				
CONI	Disposition Type 1		Name of	Superintendent or Authorized D	esignee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

72 H27

1	Regist DISP	nmonwealth of Mass by of Vital Records a. OSITION, RE TRANSPORT PERMIT	nd Statistics EMOVAL TATION	State File #	2019 034449 RECEIVED CLERK'S OFFICE			
Inf	ormation necessary for the Certificate of Death ha	as been completed	for:	<i>2</i> 019 (ET 23 A II: 33			
-	Decedent Name LABARRE, ANNEITE M.	A TORTE		SOUT	HBOROUGH. MA			
	Place of Death 32 BOSTON ROAD, SOUTHBO	ARIE PROUGH, MA			MA			
-	Date of Death JULY 30, 2019	Date	ofBirth APRI	IT. 18 1937	Sex FEMALE	i		
E.N	Residence 32 BOSTON ROAD, SOUTHBO				DEA RESTRICTED	1		
ECED	If U.S. veteran, specify war/conflict(s) (most recent)					<i>;</i>		
DEC	NO Branch of military (most recent)	n.						
	Branch of military (most recent) Rank/organization/outfit(most recent)							
	Date entered (most recent) Date Discharged (most recent) Service Number (most recent)							
×	Certifier EDYTA KONRAD, MD			Lic # 157585				
RTIFIER	Addr. 320 BOLTON STREET, MARLBOROUGE	i, massachusi	ETTS 01752					
CERTI	Immediate Cause of Death CARDIAC ARREST							
Tt	is permit authorizes the following Funeral Servic	e Licensee or Desig	gnee to remove	, dispose or trans	ort remains as listed be	low:		
7.	Funeral Licensee/Designee NANCY G MORRIS Lic # 50277							
1710	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUSETTS							
150	Disposition Type CREMATION		1	Date of Disposition	AUGUST 02, 2019			
SPOS	Place/Address RURAL CEMETERY (CREMATORY), 180 GR	ANTE CHINETER II.	MADE TEN	BEACC ACINICE	CTC DIARC			
10	RENAL CENEDERY (CRESDSTORY), 100 OR	OVE SIREEI, W	ORCES LERG	MASSACHUSE	113 01003			
Ex	dorsements							
_	Registry of Vital Records and Statistics	Board of Health/A	gent for: SOUT	THBOROUGH				
MIT	State Tracking # 034449	Local Permit# E	E-PERMIT					
PER	Date AUGUST 01, 2019	Date -	_					
		Name of Agent -		·		ļ		
Z.	I hereby certify that the remains were disposed of in a	ccordance with its te	rms at the place	and date below:		1		
110	Place of Disposition (Facility Name and Address)		Signature	3				
CONFIRMA	RURAL CEMESTAN 11 CINDAVIUM 12 SAMBONUSH, MA VIC. D. LOT 33 BU. SA	' ₂	$X \left(\begin{array}{c} X \\ X \end{array} \right)$	ethlu (i s	Hillin			
CON	Disposition Type Linger Date of Disposition of Chemins Memmes Der 19	2019	Name of Sugarin	Cet H.	d Gerignec:			

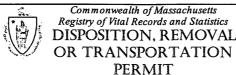
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 2019 048601

Form	n R-309 07012014			PERMI	1			
Inf	ormation neces	sary for the Cert	ificate of Death h	as been complete	d for:			
	Decedent Name	BRODERICK	, MARY DE	LIMA				
	Place of Death	6 BLUEBERRY	LANE, SOUTH	BOROUGH, MA	4			
<u>+</u>	Date of Death	OCTOBER 25	, 2019	Da	te of Birth	MARCH 30, 1944	Sex	FEMALE
ENT	Residence		LANE, SOUTH	IBOROUGH, MA	ASSACHI	US ETTS 01772		
ECED	If U.S. veteran, s	pecify war/conflict((s) (most recent)					
D E	Branch of military (most recent)			<i>I</i>	Rank/organi 	ization/outfit(most recent)		
	Date entered(most recent) Date			ate Discharged (mo	ost recent)	Service Number(most re	cent)	
ER	Certifier WENDY J. PARKER, MD Lic # 57399							
FIE	Addr. 307 W CENTRAL STREET, NATICK, MASSACHUSETTS 01760							
CERTIFI	Immediate Cause RENAL FAILI							
Th	is permit autho	rizes the followi	ng Funeral Servic	ce Licensee or De	signee to 1	remove, dispose or transport		as listed below:
z	Funeral License	e/Designee JOHN	N A. MATARES E,	JR		Lic #	[‡] 6664	
110	Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS							
SPOSITIO	Disposition Type CREMATION Date of Disposition NOVEMBER 01, 2019							
DISPC	Place/Address WOODLAWN NORTH PURCHASE CEMETERIES ASSOCIATION, 825 N MAIN STREET, ATTLEBORO, MASS ACHUS ETTS 02703							
En	dorsements							
	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for:	: SOUTHBOROUGH		
ERMIT	State Tracking #	048601		Local Permit#	17			
PER	Date	OCTOBER 3	31, 2019	Date	NOVEM	IBER 01, 2019		
				Name of Agent	JAMES	F. HEGARTY		
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	e place and date be low:		·
FIRMATION	Place of Disposit	tion (Facility Name	and Address)		Signatur	re		
W W								
FIR					X			
CONI	Disposition Type	position Type Date of Disposition			Name of	Superintendent or Authorized Des	ignee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

3133

Date of Disposition NOVEMBER 13, 2019





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2019 050576

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	BORELLI , MARILYN	J.							
	Place of Death	25 WHITE BAGLEY ROAD, SOUTHBOROUGH, MA								
Т	Date of Death	NOVEMBER 11, 2019	Date of Birth	MARCH 06, 1937	Sex	FEMALE				
ENT	Residence	25 WHITE BAGLEY ROAD,	SOUTHBOROUGH, MASS	ACHUS ETTS 01772						
ECED	If U.S. veteran, specify war/conflict(s) (most recent)									
3 Q	NO Branch of milita	ry (must recent)	Rank/organization/outfit(most recent)							
	Date entered (mo	ost recent)	Date Discharged (most recent)	Service Number(mas	it recent)					
	l _									
<u></u>	Certifier MAT	THIAS M NURNBERGER, MI	Lic # 154538							
3 14	Addr. 463 WORCES TER ROAD, FRAMINGHAM, MASS ACHUS ETTS 01701									
CERTI	Immediate Caus CARDIAC AI									
T	his permit autho	orizes the following Funeral Se	rvice Licensee or Designee to	remove, dispose or transpo	ort remains	as listed below:				
╘	Funeral License	e'Designee NANCY G MORRIS	1	Lic# 50277						
2	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS									

Endorsements

Place/Address

Disposition Type CREMATION

Registry of Vital Records and Statistics

MIT	State Tracking #	050576		Local Permit#	# E-PERMIT				
EX	Date	NOVEMBER 13, 2019	Date	_					
•				Name of Agent					
z	I hereby certify th	nat the remains w	ere disposed of in ac	cordance with its	terms at the place and date below:				
110	Place of Disposition	on (Facility Name	and Address)		Signature O 1 710 8				
MA	Rural Cemetery 18D Grove Street Worcester, MA D1605				John H. Cohile				
PIR	Vorcester, MA D1605				x U				
CON	Disposition Type Cre	mation	Date of Disposition NOV 1	5 2019	Name of Superintendent or Authorized Designee: John H Cobill				

Board of Health/Agent for: SOUTHBOROUGH

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File# 2019 051238

PERMIT

Info	ormation necessary for	r the Cert	ificate of Death l	has been complete	d for:				
	Decedent Name MILN	IE , AI	FRED D						
	Place of Death 185 C	ORDAVI	LLE ROAD, SC	UTHBOROUGH	, MA				
⊢	Date of Death NOV	EMBER 1	5, 2019	Da	te of Birth	SEPTEMBER 17, 1946	Sex	MALE	
DEN			·	AMSTOWN, MA	SSACHU	US ETTS 01267			
DECEDEN	If U.S. veteran, specify w VIETNAM		s) (most recent)						
	Branch of military (most recent) ARMY				Rank/organ S P4	ization/outfit(most recent)			
	Date entered(most recent) OCTOBER 11, 1967			Date Discharged (mo JULY 31, 1971					
R	Certifier AS HRAF ELKERM, MD Lic # 81917								
F1E	Addr. 370 WEST STE	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453							
Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453 Immediate Cause of Death METASTATIC ADENOCARCINOMA PANCREAS									
Th	is permit authorizes t	he followi	ng Funeral Serv	ice Licensee or De	signee to 1	remove, dispose or transport	remains	as listed below:	
7	Funeral Licensee/ Desig	nee JOHN	A. MATARES E	,		Lic	# 5276		
101	Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS								
SIT	Disposition Type CREMATION Date of Disposition NOVEMBER 19, 2019								
DISPOSITION	Place/Address WOODLAWN NORTH PURCHASE CEMETERIES ASSOCIATION, 825 N MAIN STREET, ATTLEBORO, MASS ACHUS ETTS 02703								
En	dorsements								
г	Registry of Vital Recor	ds and Stat	istics	Board of Health	/Agent for	: SOUTHBOROUGH			
PERMIT	State Tracking # 051	238		Local Permit#	201920				
PER	Date NO	VEMBER	18, 2019	Date	NOVEM	IBER 25, 2019			
				Name of Agent	JAMES	F. HEGARTY			
z	I hereby certify that the	e remains v	vere disposed of in	accordance with its	terms at th	e place and date below:			
T10	Place of Disposition (Fa	cility Name	and Address)		Signatur	re			
MA									
CONFIRMATIO				X					
CON	Disposition Type		Date of Disposition	on	Name of Superintendent or Authorized Designee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Runal Cemetery

Cremation

Date of Disposition DEC 1 2 2019

Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION OCME CASE # 2019-15665

State File #

2019 055377

74 Cobile

Name of Superintendent or Authorized Designee:

John H Cobill

PERMIT

Inf	formation necessary	for the Certificate of Deatl	h has been complete	d for:						
-	Decedent Name TII	TUS , ROBERT H				<u> </u>				
	Place of Death 4 M	OORE ROAD, SOUTHB	OROUGH, MA							
L-	Date of Death DE	CEMBER 09, 2019	Da	te of Birth	JANUARY 09, 1957	Sex	MALE			
EN	Residence 4 MOORE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772									
DECED	If U.S. veteran, specify NO	war/conflict(s) (most recent)				-				
^	Branch of military (mo	ost recent)	F.	Rank/organi	zation/outfit(most recent)	(0	7	7		
	Date entered(most rec	eent)	Date Discharged (mo	ost recent)	Service Number(most recen	w) OIT	7020 J			
<u> </u>	Certifier ANAND B.	. SHAH, MD			Lic # 263749	- E	=			
RTIFIE	Addr. 720 ALBANY	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118								
CERTI	Immediate Cause of D HANGING	eath				OUTHBOROUGH	Ū	OS.		
Tì	nis permit authorizes	s the following Funeral Ser	rvice Licensee or De	signee to r	emove, dispose or transport rei	mainsa	s listed t			
z	Funeral Licensee/ Des	signee NANCY G MORRIS			Lic # 5	0277	8	m		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS									
SITIO	Disposition Type CREMATION Date of Disposition DECE									
Odsia	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
En	dorsements									
ſ	Registry of Vital Rec	ords and Statistics	Board of Health	Board of Health/Agent for: SOUTHBOROUGH						
ERMIT	State Tracking # 05	55377	Local Permit#	E-PERMI	T					
PER	Date D	ECEMBER 11, 2019	Date							
			Name of Agent							
z	I hereby certify that t	the remains were disposed of i	n accordance with its	terms at the	e place and date below:					
10 N	Place of Disposition (Facility Name and Address) Signature									

Acceptance of Permit

Disposition Type

CONFIRMAT

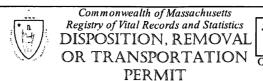
Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

X

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File#

2019 055377

OCME CASE # 2019-15665

Information necessary for the Certificate of Death has been completed for:

			- mas been completed							
	Decedent Name TITUS ,	ROBERT H		_						
	Place of Death 4 MOORE ROAD, SOUTHBOROUGH, MA									
Т	Date of Death DECEMB	ER 09, 2019	Dat	e of Birth	JANUARY	09, 1957	Sex	MALE		
D E N	Residence 4 MOORE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772									
DECEDEN	If U.S. veteran, specify war/co									
-	Branch of military (most recen	nt)	R	Rank/organization/outfit(most recent)						
	Date entered (most recent)	Date Discharged (mo.	scharged (most recent) Service Number(most recent)							
FIER	Certifier ANAND B. SHAF	I, MD			Lic#	263749				
	Addr. 720 ALBANY STRE	EET, BOSTON, MA	SSACHUSETTS 02	2118						
CERTIFIE	Immediate Cause of Death HANGING									
Th	is permit authorizes the fo	llowing Funeral Sei	vice Licensee or Des	ignee to r	emove, dispos	se or transp	ort remains	as listed below:		
z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277									
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS									
SIT	Disposition Type CREMATION				Date of Disposition DECEMBER 12, 2019					
DISPOSITIO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
				·						
En	dorsements			_						
٦	Registry of Vital Records an	d Statistics	Board of Health/Agent for: SOUTHBOROUGH							
PERMIT	State Tracking # 055377		Local Permit#	12/12/201	19					
PER	Date DECEM	BER 11, 2019	Date	DECEM	BER 12, 2019)				
			Name of Agent	JAMES :	F. HEGARTY	7				
Z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
ATION	Place of Disposition (Facility)	Name and Address)		Signature						
¥ W										
CONFIRM				X						
o	Disposition Type	Date of Disposi	tion	Name of	Superintendent	or Authorized	Designee:	**		

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

State File#

2019 059139

Information necessary for the Certificate of Death has been complete	d for:
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Im	ormation necessary for the Certificate of Death na	is been completed	u tor:							
	Decedent Name POPE, CAROLYN MARY									
	Place of Death SOUTHBRIDGE REHAB AND HEALTH CARE, SOUTHBRIDGE, MA									
F	Date of Death DECEMBER 30, 2019	Dat	te of Birth	JULY 27, 1934	Sex	FEMALE				
EN	Residence 4 CONESTOGATRAIL, BROOKFIELD, MASSACHUSETTS 01506									
DECED	If U.S. veteran, specify war/conflict(s) (most recent)		,							
DE	NO Branch of military (most recent)	R	ank/organi	zation/outfit(most recent)						
	Date entered(most recent) Do	ate Discharged (mo	st recent)	Service Number(mo	ost recent)					
M	Certifier PETER J. DAIN, MD			Lic # 155744						
FIE	Addr. 819 WORCESTER STREET, SUITE 3, SP	RING FIELD, M	ASSACH	USETTS 01151						
CERTIFI	Immediate Cause of Death LIVER FAILURE									
2	LIVER FAILURE									
TI	is permit authorizes the following Funeral Servic	e Licensee or Des	signee to r			as listed below:				
z	Funeral Licensee/ Designee ALEXANDER I ACHER Lic # 51090									
	Facility. TIGHE-HAMILTON FUNERAL HOME, INC., HUDSON, MASSACHUSETTS									
OSITIO	Disposition Type CREMATION			Date of Disposition J	IANUARY 02	2, 2020				
DISP	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
=	NORTH CERTIFICATION IN ONCITED INTERIT, WONCED LENG MENDONCHUSELLIS 111003									
E	dorsements									
	Registry of Vital Records and Statistics	Board of Health	/Agent for:	SOUTHBRIDGE						
M	State Tracking # 059139	Local Permit#	E-PERM	Т						
PER	Date JANUARY 03, 2020	Date								
		Name of Agent								
z.	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
A T10	Place of Disposition (Facility Name and Address)		Signatur	e						
2	Rural Cemetery			John 71	P. 2.	a.				
FIR	Rural Cemetery 180 Grove Street Worcester, MA DJ	BDD	X	John 74.	core					
NO	Disposition Type Date of Disposition		1 .	Superintendent or Authorized	_					
	AN H	-6-2020	1	Take to Cohi	17					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION **PERMIT**

State File#

2019 051133

Information necessary for the Certificate of Death has been completed for:

	Decedent Name SHIFRIN , B	RIAN G								
	Place of Death 79 OAK HILL ROAD, SOUTHBOROUGH, MA									
_	Date of Death NOVEMBER 1	6, 2019	Da	te of Birth	MAY 28, 19	976	Sex	MALE		
ENT	Residence 79 OAK HILL ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772									
ECED	If U.S. veteran, specify war/conflict(s) (most recent)									
DE	NO Branch of military (most recent)	R	ank/organiz	zation/outfit(m	ost recent)					
	— mulius (most recent)		-	_						
	Date entered(most recent)	Da	te Discharged (mo	st recent)	Servi	ce Num ber(most recei	nt)			
	Certifier MICHOL S. NEGRON					260794				
IER	Addr. 20 BURLINGTON ROAL		RUNGTON M	ASSACHI						
CERTIFIER	Immediate Cause of Death	7, 5 CITE 430, BC	dan Gron, m							
	AMYOTROPHIC LATERAL	SCLEROSIS								
				•				11 4 11 1		
Th	nis permit authorizes the following	ng Funeral Service	Licensee or De	signee to re	emove, dispo			as listed delow:		
z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277									
SITION	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS									
SIT	Disposition Type BURIAL Date of Disposition NOVEMBER 18, 2019									
SPO	Place/Address									
DI	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772									
En	dorsements									
	Registry of Vital Records and Stati	istics	Board of Health	/Agent for:	SOUTHBOI	ROUGH	-			
RMIT	State Tracking # 051133		Local Permit#	E-PERMI						
ERN	Date NOVEMBER	17, 2019	Date							
_		11,100	Name of Agent							
H										
TION	I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:									
ATI	Place of Disposition (Facility Name		Signature	·						
	RUNA COMETERY	74								
FIRM	NiAM CLMETER V 11 CANDAVILLE PD SW. SEO. M. ENVA 259 Disposition Type		X	Will (1 Hillis	\mathcal{I}				
ON				Name of	Superintenden	t or Authorized Design	hee:			
ပ	FULL EMET GUIAL	7/01/. 18	2019	1 8/1	11)61-1	A. GILENEY	/			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

OCME CASE # 2019-12900

2019 046587

Inf	ormation necessary for the Certificate of Death ha	is been completed	for:							
Г	Decedent Name FOSTER, WALTER M									
	Place of Death 3 AS PENWOOD LANE, SOUTHBOROUGH, MA									
ı	Date of Death OCTOBER 11, 2019	Date	of Birth O	CTOBER 10, 1949	Sex	MALE				
DENT	Residence 3 AS PENWOOD LANE, SOUTH	IBOROUGH, MA	SSACHUSE	ETTS 01772						
DECED	If U.S. veteran, specify war/conflict(s) (most recent) NO									
۵	Branch of military (most recent)	Ra	nk/organizatio	on/outfit(most recent)						
	Date entered (most recent)	 ate Discharged (most	t recent)	ecent)						
~	Certifier IRINI A. SCORDI-BELLO, MD			Lic # 269344						
TIFIE	Addr. 720 ALBANY STREET, BOSTON, MASS	ACHUSETTS 02	118							
≃	Immediate Cause of Death GUNS HOT WOUND OF HEAD									
CE										
Tł	is permit authorizes the following Funeral Service	e Licensee or Desi	ignee to remo			as listed below:				
z	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373									
T10	Facility. SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS									
POSITIO	Disposition Type CREMATION Date of Disposition OCTOBER 21, 2019									
DISP	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
Ĺ										
En	dorsements									
ı.	Registry of Vital Records and Statistics	Board of Health/A	Agent for: SO	UTHBOROUGH						
RMIT	State Tracking # 046587	Local Permit#	E-PERMIT							
PER	Date OCTOBER 20, 2019	Date -								
		Name of Agent -								
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
ATION	Place of Disposition (Facility Name and Address) NiNAL CHARTEN		Signature	7 = 1						
Σ	11 Conspine to Suntematet, MA	_		/ // //	VI (.					
NFIR	Sic. 11 GIVH 1291		X) MINI 1 7	XIII II	1				
CON	Disposition Type Conur Date of Disposition	15, 2019	Name of Supe	erintendent or Authorized Des	ngnee:	ı				
	ST CHEMORES RESPONS 1/0VEMBER	7019	Sp.	WED IT GILLETT	<u> </u>					

Acceptance of Permit

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State File#

2019 050576

Fon	n R-309 07012014	FERMI	1							
Inf	ormation necessary for the Certificate of Death l	has been complete	d for:							
	Decedent Name BORELLI, MARILYN J.					_				
	Place of Death 25 WHITE BAGLEY ROAD, SOUTHBOROUGH, MA									
T	Date of Death NOVEMBER 11, 2019	Da	te of Birth N	IARCH 06, 1937	Sex	FEMALE				
EN	Residence 25 WHITE BAGLEY ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772									
ECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)									
DE	NO Branch of military (most recent)	R	ank/organizat	ion/outfit(most recent)						
	_			g						
	Date entered(most recent)	Date Discharged (mo 	st recent)	Service Number(mo	st recent)					
æ	Certifier MATTHIAS M NURNBERGER, MD			Lic # 154538						
FIE	Addr. 463 WORCES TER ROAD, FRAMINGHA	AM, MASSACHU	ISETTS 0170	01						
CERTIFIE	Immediate Cause of Death									
CE	CARDIAC ARREST									
TI	is permit authorizes the following Funeral Servi	ice Licensee or De	signee to rem	nove, dispose or transp	ort remains	as listed below:				
z	Funeral Licensee/ Designee NANCYG MORRIS Lic # 50277									
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS									
LIS	Disposition Type CREMATION Date of Disposition NOVEMBER 13, 2019									
DISPOSITIO	Place/Address									
ā	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
E	dorsements									
	Registry of Vital Records and Statistics	Board of Health	/Agent for: So	OUTHBOROUGH						
MIT	State Tracking # 050576	Local Permit#	E-PERMIT							
PER	Date NOVEMBER 13, 2019	Date	_							
-		Name of Agent								
z	I hereby certify that the remains were disposed of in	accordance with its	terms at the p	lace and date below:						
TION	Place of Disposition (Facility Name and Address)		Signature							
MA	NUMBLE CONTROL SUNKARIUST MA	,								
NFIR	II CONVINUERS, SWITKURGEST, "III		X () MAR (Shilling)							
12	Disposition Type Lange Date of Disposition		L	perintendent or Authorized	necvivi					

Acceptance of Permit

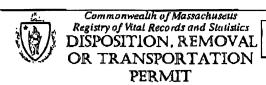
OF CHIMATED LEMINIS

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7/WEMBER 19 2019

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State File # 2020 054432

Information necessary for the Certificate of Death has been completed for:

Decedent Name LAWRENCE , CAROL ---

Place of Death 5 UPLAND ROAD, SOUTHBOROUGH, MA

Date of Death OCTOBER 13, 2020

Date of Birth JULY 03, 1930

Sex FEMALE

Residence 5 UPLAND ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772

If U.S. veteran, specify warlconflict(s) (most recent)

NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered (most recent)

Date Discharged (most recent)

Service Number(most recent)

Certifier ALI TIRMIZI, MD

/ic# 213040

Addr. 978 WORCESTER STREET, WELLESLEY, MASS ACHUS ETTS 02482

Immediate Cause of Death

🖁 | CARDIOPULMÓNARY ARREST

This permit authorizes the following Funeral Service Licensee or Dosignee to remove, dispose or transport remains as listed below:

Funeral Licenseel Designee DAVID A CAS PER

Lic# 6562

Facility. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition OCTOBER 19, 2020

Gerald M. Ridge, Jr., President
Blue Hill Cemetery and Crematory

700 West Street, Braintree, MA 20184

Disposition Type CREVEALE

Place/Address

BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184

Endorsements

Registry of Vital Records and Statistics

Board of Health/Agent for: SOUTH BOROUGH

Local Permit # E-PERMIT

Date OCTOBER 19, 2020

Date --
Name of Agent ---

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

Signature



Carol Lawrence 20-10273



Date/Time of Death: 10/13/2020 9:00 am

Date/Time of Cremation: 10/20/2020 11:47 am
Casper Funeral Home & Cremation Services

Boston

Entrusted to Our Care

